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# **MONTANA STATE HEALTH PLAN 1988**

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## P R E F A C E

The Montana State Health Plan has been written in order to meet the requirements of the Montana Certificate of Need law. The Plan provides policies, methods, and projections that are to be used in planning and developing health facilities and services in Montana.

The Plan provides projections of needs and/or guidance in determining need for most of the health care facilities and services covered by the Montana Certificate of Need Law. The Plan should be used as a guideline along with more recent data or additional information, when available, in the review of Certificate of Need projects.

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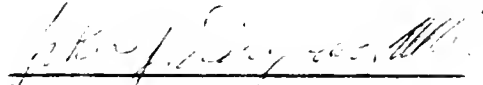


MONTANA STATE HEALTH PLAN - 1988

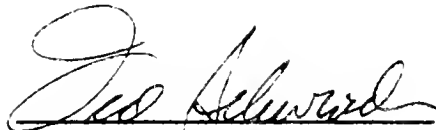
The Montana State Health Plan has been written by the Department of Health and Environmental Sciences with guidance and final approval of the Statewide Health Coordinating Council. With this approval of Governor Ted Schwinden, the Plan becomes the official Montana State Health Plan.



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Ted Schwinden  
Governor



# **Health Services**



## CARDIAC CATHETERIZATION AND CORONARY ANGIOPLASTY PROCEDURES

### Goals:

1. Cardiac catheterization services should be available to the citizens of Montana to the extent that cost-effective, quality services can be maintained.
2. Cardiac angioplasty services should be available in those communities that have cardiac surgery services.

### Objectives:

1. Cardiac catheterization services should be available where there are appropriate physicians and support personnel, and there are adequate patient numbers to maintain quality service at a reasonable cost.

### Certificate of Need Guidelines:

1. Cardiac catheterizations should be performed only in those hospitals that meet the Inter-Society for Heart Disease Resource Standards.
2. There should be a minimum of 300 cardiac catheterizations performed annually in any cardiac catheterization unit within three years after initiation.
3. Elective cardiac angioplasty services should not be initiated or continued without adequate arrangements for surgical backup.<sup>1</sup> Medical standards, particularly those of the American College of Cardiologists and American Heart Association, should be applied by Montana physicians to determine whether or not elective cardiac angioplasty services are appropriate in any given setting.

### Discussion:

Existing cardiac catheterization services will be evaluated annually (or as technology changes) based on appropriate national guidelines. Additional

services should only be considered in communities that have cardiac treatment and rehabilitation services with adequate patient volume to assure that the minimum level of utilization will be reached. Cardiac angioplasty services, with a state total of 1,029 procedures in 1987, have not reached the level where additional services need to be considered.

Tables 1 and 2 list the cardiac catheterization procedures and coronary angioplasty procedures performed from 1983 through 1987. Collection of data on coronary angioplasty procedures began in 1985.

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<sup>1</sup>Hospitals providing coronary angioplasty services without a cardiac surgery service within that hospital should have arrangements with another hospital within the same city to provide backup cardiac surgery with transfer time not to exceed 20 minutes (or follow national guidelines when established) from the cardiac catheterization lab to the open heart surgery suite of the recipient hospital. The hospital should have a written protocol for the emergency transfer of problematic angioplasty patients to the cardiac surgery service of another hospital. The transfer protocol shall provide that the cardiac catheterization lab staff shall have responsibility for arranging transportation to the cardiac surgery facility. Coordination between the total cardiac team should begin promptly to assure quick, appropriate therapy.

Table 1

Number of Cardiac Catheterizations (Intercardiac and/or Coronary Artery by Facility) -- Montana  
1983-1987

Fiscal Year (Yr. End)	FACILITY						Total
	Columbus (Great Falls) (9/30)	St. Peter's (Helena) (5/31)	Billings Deaconess (6/30)	St. Patrick (Missoula) (9/30)	MT Deaconess (Great Falls) (6/30)	St. Vincent (Billings) (5/31)	
1983			576	930	384	564	2,454
1984	188		764	1,079	469	458	2,958
1985	251		676	1,251	456	593	3,227
1986	245	62	702	1,599	456	639	3,703
1987	209	202	814	1,690	500	627	4,042

SOURCE: Montana Department of Health and Environmental Sciences, Health Planning Bureau, Annual Survey of Hospitals and Medical Facilities.

Table 2

Number of Coronary Angioplasty Procedures by Facility -- Montana 1985-1987

Fiscal	St. Peters	Billings	St. Vincent	Columbus	MT Deaconess	St. Patrick	
<u>Year</u>	<u>(Helena)</u>	<u>Deaconess</u>	<u>(Billings)</u>	<u>(Great Falls)</u>	<u>(Great Falls)</u>	<u>(Missoula)</u>	<u>Total</u>
(Yr. End)	(5/31)	(6/30)	(5/31)	(9/30)	(6/30)	(9/30)	
1985	--	110	121	16	124	322	693
1986	6	122	172	35	87	511	933
1987	26	97	184	34	120	568	1,029

SOURCE: Montana Department of Health and Environmental Sciences, Health Planning Bureau, Annual Survey of Hospitals and Medical Facilities.



## CARDIAC SURGERY FACILITIES

### Goal:

Cardiac surgery services should be limited to the maximum number that can maintain efficient, cost-effective diagnosis and treatment of the highest quality.

### Objectives:

1. The three cardiac surgery services currently available should be maintained to provide adequate accessibility.
2. Cardiac surgery referral centers should be coordinated with other treatment alternatives and with other diagnostic services in their service area.
3. Additional cardiac surgery services should be implemented when there are clear advantages to the consumer in quality, accessibility, and/or cost of care.

### Certificate of Need Guidelines:

1. There should be a minimum of 150 cardiac surgeries performed annually in each hospital offering cardiac surgery services.
2. Duplication of services in a community should be avoided unless it can be demonstrated that the new service will increase the quality and decrease the cost.
3. All alternatives including joint ventures should be considered before new services are proposed.

### Discussion:

The three towns in Montana that currently have open-heart surgery services are the maximum number of currently feasible locations for service. Any expansion

in service would thus be due to a need for additional service in one of these three regional referral centers. That higher volume of surgeries provides lower costs and lower mortality should be taken into consideration in any Certificate of Need review. The issue of when and where additional service capacity should be added when needed cannot be predetermined by formula or numerical standards. The need for, and location of, additional service capacity must be determined by analysis of specific proposed projects, with the above consumer-oriented objectives and guidelines supplementing the standard review criteria provided in the Certificate of Need law.

Table 1

Number of Open-Heart Surgery Procedures by Facility -- Montana 1983-1987

<u>Fiscal year</u> (Year end)	<u>FACILITY</u>			<u>Total</u>
	Billings <u>Deaconess</u> (6/30)	St. Patrick <u>(Missoula)</u> (9/30)	MT Deaconess <u>(Great Falls)</u> (6/30)	
1983	545	205	105	855
1984	528	185	85	798
1985	492	148	83	723
1986	520	147	151	818
1987	543	178	150	871

SOURCE: Montana Department of Health and Environmental Sciences, Health Planning Bureau, Annual Survey of Hospitals and Medical Facilities.



## HOME HEALTH

### Goal:

All counties of Montana should have home health coverage available to their population.

### Objectives:

1. To extend home health coverage to the following counties:

Carter  
Garfield  
McCone  
Petroleum  
Wibaux

2. To encourage the development of new services by home health agencies.
3. To promote joint administration/record keeping where possible.

### Certificate of Need Guidelines:

1. Granting Certificate of Need to qualified applicants or existing agencies requesting to offer services to the following counties:

Carter  
Garfield  
McCone  
Petroleum  
Wibaux

2. Duplication of service areas should only be permitted in the following cases:

- a. Present agency is not meeting the needs of the service area population.
- b. Applicant offers additional services as defined by state law for licensure of home health service agencies that the present agency does not or cannot offer.

Discussion:

The State of Montana will have total home health coverage with the establishment of home health services in the following counties: Carter, Garfield, McCone, Petroleum, and Wibaux. These counties can be serviced by the creation of new agencies or, more probably, by the expansion of existing Home Health Agencies.

Duplication of existing Home Health Agencies can only be encouraged where different services are being offered, a cost savings in fee for services, or in the case of an existing agency that does not or cannot meet the needs of the user population.

Recommendation:

Guidelines should be developed by the Department of Health and Environmental Sciences and other affected groups, and adopted by the Statewide Health Coordinating Council, to provide more objective determination of the need for home health services.

## HOSPITAL INPATIENT PSYCHIATRIC SERVICES

### Goal:

Montana should maintain a mental health service system that is appropriate to the needs of the people of the state.

### Objectives:

1. The development and delivery of hospital services for psychiatric care should be consistent with plans of the Montana Department of Institutions and the Montana State Health Plan.

### Certificate of Need Guidelines:

1. Hospital psychiatric services must have an active treatment program and adequate psychiatric and other treatment staff available when services begin.
2. The service must show that it will serve all segments of the population in the service area, regardless of the method of payment.
3. The service must show that adequate aftercare programs are available in the local community and where feasible elsewhere in the service area.
4. The service must meet all applicable criteria in the CON law.
5. Through 1992 the need for hospital psychiatric services is as presented in Table 1 of this plan section.

### Discussion:

Psychiatric hospital services are designed to serve patients with severe emotional disturbances who cannot be treated in community-based facilities. These services can be divided into three general categories based on length of stay:

1. Short-stay -- One to thirty days (average about 10 days) for evaluation, treatment, and crisis management of patients who are primarily out-patients or residential patients.
2. Intermediate -- Thirty to 60 day programs for evaluation and treatment.
3. Long-term -- Treatment programs for the chronically mentally ill that must be hospitalized for extended periods (over 60 days average).

Table 1 presents existing psychiatric facilities and projected need. Through 1992 there is adequate capacity to meet projections in all categories except long-term services. Long-term psychiatric services for adults are provided by the Montana Department of Institutions for adults and are not available for children and youth. The Department of Institutions and the State Committee on Emotionally Disturbed Children and Youth are studying the needs for these services and their recommendations will be used as guidelines if any projects are proposed for these long-term services.

Projections are based on 1985-1987 average patient days and 80% occupancy.

Table 2 lists patient days from 1980 through 1987. During the 5-year period (1981-1986) patient days\* increased 33.0%. The bed need shown in Table 1 has 33.0% added to the number of beds computed at 80% occupancy for the 1985-1987 average patient days.

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\*Based on three-year averages around 1981 and 1986.



Table 1

## Montana Hospital Inpatient Services -- Capacity, Occupancy, Need Projection

<u>Facility</u>	<u>1987 Occupancy</u>	<u>BEDS 1987</u>	<u>TOTAL BEDS Approved</u>	<u>BEDS NEEDED 1992</u>
(Adult Short-Stay Facilities)				
Billings Deaconess	72.7%	35	45	41
Glacier View	45.4%	10	10	9
Holy Rosary	--	8	8	8 <sup>2</sup>
Montana Deaconess	--	25	25	18
St. James	22.5%	36	36	18
St. Patrick	48.7%	26	26	22
St. Peter's	<u>76.7%</u>	<u>12</u>	<u>12</u>	<u>15<sup>1</sup></u>
STATE TOTAL		152	162	131
(Adolescent Short-Stay Facilities)				
Billings Deaconess	--	--	15	15 <sup>2</sup>
(Adolescent Intermediate Facilities)				
Rivendell (Billings)	--	40	60	60 <sup>2</sup>
Rivendell (Butte)	<u>--</u>	<u>--</u>	<u>38</u>	<u>38<sup>2</sup></u>
STATE TOTAL	--	40	98	98
(Child)				
Shodair	--	--	12	12 <sup>2</sup>
Rivendell (Butte)	<u>--</u>	<u>--</u>	<u>10</u>	<u>10<sup>2</sup></u>
STATE TOTAL	--	--	22	22

<sup>1</sup>Based on 1 year's operation.<sup>2</sup>Assumed at approved level. Not opened or less than two years' data available.

Table 2

Montana Hospital Psychiatric Services (Adult) -- Patient Days

<u>Fiscal Year</u>	<u>Billings Deaconess</u>	<u>Montana Deaconess</u>	<u>St. James</u>	<u>St. Patrick</u>	<u>Glacier View</u>	<u>St. Peter's</u>	<u>Total</u>
1980	5,872	5,515	4,897	4,225	--	--	20,509
1981	6,716	5,496	4,564	4,246	--	--	21,022
1982	6,632	5,468	--	3,779	--	--	15,879
1983	7,545	4,867	2,794	3,573	--	--	18,779
1984	7,369	4,198	4,609	3,492	--	--	19,668
1985	9,172	3,869	5,040	4,997	2,716	--	25,794
1986	8,346	4,011	3,966	4,741	1,376	1,968	24,408
1987	9,286	4,246	2,961	4,619	1,656	3,359	26,125

SOURCE: Montana Department of Health and Environmental Sciences, Health Planning Bureau, Annual Survey of Hospitals and Medical Facilities.

## HOSPITAL INPATIENT SERVICES

### Goals:

1. Montana should have an adequate number of hospital beds to meet state, regional and local needs, while avoiding excess capacity or unnecessary duplication of services.
2. Montana should maintain a strong primary care hospital service system, with geographic accessibility remaining at or above the 1980 level.

### Certificate of Need Guidelines:

1. The number of hospital beds needed is projected for each facility using the following formula:

$$\text{Beds Needed} = \frac{\text{(Most recent 3 Year Average Patients Per Day)}}{\text{Occupancy Factor}}$$

$$\text{Projected Beds Needed} = \text{Beds Needed} \times \frac{\text{Projected Population}}{\text{Current Population}}$$

The occupancy factors are as follows:

<u>Facility Size</u>	<u>Occupancy Factor</u>
Small (under 30 beds)	40 percent
Medium (30 - 89 beds)	60 percent
Large (90 beds and over)	80 percent

Population projections are not readily available and those that do exist are not universally accepted. Because of the varied and irregular population growth at the county level in the past few years the state average increase for 1980 to 1985 is used for all areas. The source of that estimate, 5.0 percent, is the Bureau of the Census, Series P-26, No. 85-52-C, "Provisional Estimates of the Population of Counties: July 1, 1985." In any review where the population is an issue, alternative population information should be evaluated and used if appropriate.

Table 1-A for each planning region shows current beds by service category and 1986 occupancy. Table 1-B for each planning region shows bed need for each service and facility. The number of beds for each service is listed only to show how the beds are computed. The total is considered as the bed need and beds may be allocated by service according to local need. Alcoholism treatment and psychiatric care bed need is addressed elsewhere as specific service needs. The "other" category consists of various types of rehabilitation services (e.g., physical, cardiac).

2. The utilization of swing beds for long term care is shown under occupancy in Tables 1-A. Swing bed days are not used to compute bed need. Where swing bed days would give a larger bed need, conversion to long term care or addition of new long term care beds is more appropriate than construction or replacement of beds for swing bed use.

#### Discussion:

The most serious problems with Montana's inpatient hospital services are in maintaining services in rural areas. Reduced admissions and patient days are making many rural hospitals marginal financially. Diversification of services and integration of local health programs are occurring, but serious problems remain. The loss of a rural hospital creates problems for emergency services, primary care, long term care and, in fact, all health services in the local service area.

Stabilization of the rural hospital system and the related health care services is one of the most important health care priorities in Montana at present. Conversion of hospitals to medical assistance facilities may be an option for preserving services in some areas.

Table 1-A -- Region I  
Hospital Beds and Occupancy 1987

Hospital	1987 Hospital Beds <sup>a</sup>					1987 Occupancy (%)	
	Med/Surg	ICU/CCU	Psych	Alcohol	Total	Hospital	Hospital + Swing Bed
Fallon Mem. (Baker)	10	2			12	14.0	--
McCone Co. (Circle)	20				20	8.0	16.1
Roosevelt Mem. (Culbertson)	12	2			14	17.0	17.2
Dahl Mem. (Ekalaka)	14				14	5.3	17.5
Rosebud Com. (Forsyth)	18	2			20	18.7	26.0
Frances Mahon Deac. (Glasgow)	44	4		24	72	30.3	--
Glendive Com. (Glendive)	42	4			46	23.3	53.2
Phillips Co. (Malta)	30				30	21.7	25.2
Holy Rosary (Miles City)	88	5	6		99	21.9	--
Sheridan Mem. (Plentywood)	19				19	56.6	89.1
Poplar Com. (Poplar)	21	1			22	21.1	21.3
Daniels Mem. (Scobey)	7	1			8	10.8	--
Community Mem. (Sidney)	45	4			49	43.0	48.4
Prairie Com. (Terry)	6				6	11.5	30.0
Trinity (Wolf Point)	40	2			42	21.4	24.4
Region I	416	27	6	24	473	25.3	31.8

<sup>a</sup>Beds are reported as total bed supply; either staffed or licensed beds, whichever is greater.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-B -- Region I  
Hospital Bed Need

<u>Hospital</u>	<u>Occupancy Factor</u>	<u>Beds Needed<sup>a</sup></u>				<u>Total</u>
		<u>Med/Surg</u>	<u>ICU/CCU</u>	<u>Psych</u>	<u>Alcohol</u>	
Fallon Mem. (Baker)	.4	5	1			6
McCone Co. (Circle)	.4	5				5
Roosevelt Mem. (Culbertson)	.4	9	1			10
Dahl Mem. (Ekalaka)	.4	2				2
Rosebud Com. (Forsyth)	.4	9	1			10
Frances Mahon Deac. (Glasgow)	.6	17	2		33	52
Glendive Com. (Glendive)	.6	18	2			20
Phillips Co. (Malta)	.6	11	1			12
Holy Rosary (Miles City)	.6	47	4	6 <sup>b</sup>		57
Sheridan Mem. (Plentywood)	.4	27				27
Poplar Com. (Poplar)	.4	17				17
Daniels Mem. (Scobey)	.4	3	1			4
Community Mem. (Sidney)	.6	32	2			34
Prairie Com. (Terry)	.4	3				3
Trinity (Wolf Point)	.6	16	2			18
Total		221	17	6	33	277

<sup>a</sup>Based on 1985-1987 average patient days and 5 percent growth factor.

<sup>b</sup>Recently opened service. Need listed as total beds.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-A -- Region II  
Hospital Beds and Occupancy 1987

Hospital	1987 Hospital Beds <sup>a</sup>						1987 Occupancy (%)	
	Med/Surg	ICU/CCU	Psych	Alc	Other	Total	Hospital	Hospital + Swing Bed
Big Sandy M.C. (Big Sandy)	9					9	9.8	--
Liberty Co. (Chester)	11					11	33.5	33.8
Teton M.C. <sup>b</sup> (Choteau)	19	3				22	18.4	45.9
Pondera M.C. (Conrad)	32	2				34	11.7	--
Glacier Co. (Cut Bank)	18	2				20	30.0	--
Chouteau Co. (Fort Benton)	17					17	8.7	14.3
Columbus (Great Falls)	142	14			42	198	50.2	--
Montana Deac. (Great Falls)	191	22	25	30	20	288	53.4	--
Northern MT (Havre)	93	7				100	37.9	--
Toole Co. (Shelby)	20					20	37.7	46.7
Region II	552	50	25	30	62	719	44.1	45.4

<sup>a</sup>Beds are reported as total bed supply, either staffed or licensed beds, whichever is greater.

<sup>b</sup>No 1987 report. Numbers are based on 1986.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-B -- Region II  
Hospital Bed Need

<u>Hospital</u>	<u>Occupancy Factor</u>	<u>Beds Needed<sup>a</sup></u>					<u>Total</u>
		<u>Med/Surg</u>	<u>ICU/CCU</u>	<u>Psych</u>	<u>Alc</u>	<u>Other</u>	
Big Sandy M.C. (Big Sandy)	.4	4					4
Liberty Co. (Chester)	.4	10					10
Teton M.C. (Choteau)	.4	10	1				11
Pondera M.C. (Conrad)	.6	6	1				7
Glacier Co. (Cut Bank)	.4	12	1				13
Chouteau Co. (Fort Benton)	.4	5					5
Columbus (Great Falls)	.8	98	9			27	134
Montana Deac. (Great Falls)	.8	135	12	15	22	17	201
Northern MT (Havre)	.8	49	4				53
Toole Co. (Shelby)	.4	26					26
Total		355	28	15	22	44	464

<sup>a</sup>Based on 1985-1987 average patient days and 5 percent growth factor.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.



Table 1-A -- Region III  
Hospital Beds and Occupancy 1987

Hospital	1987 Hospital Beds <sup>a</sup>					1987 Occupancy (%)	
	Med/Surg	ICU/CCU	Psych	Other	Total	Hospital	Hospital + Swing Bed
Sweet Grass Com. (Big Timber)	17				17	7.2	24.9
Deaconess M.C. (Billings)	182	36	35		253	71.7	--
St. Vincent (Billings)	245	15		20	280	61.9	--
Stillwater Com. (Columbus)	25	2			27	17.3	42.2
Big Horn Co. Mem. (Hardin)	16				16	32.7	--
Wheatland Mem. (Harlowton)	21	2			23	8.8	--
Central MT (Lewistown)	43	4			47	32.3	36.9
Carbon Co. Mem. (Red Lodge)	20	2			22	23.0	35.8
Roundup Mem. (Roundup)	17				17	7.7	11.8
Region III	586	61	35	20	702	55.7	57.7

<sup>a</sup>Beds are reported as total bed supply, either staffed or licensed beds, whichever is greater.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-B -- Region III  
Hospital Bed Need

<u>Hospital</u>	<u>Occupancy Factor</u>	<u>Beds Needed<sup>a</sup></u>				<u>Total</u>
		<u>Med/Surg</u>	<u>ICU/CCU</u>	<u>Psych</u>	<u>Other</u>	
Sweet Grass Com. (Big Timber)	.4	3				3
Deaconess M.C. (Billings)	.8	170	33	32		235
Rivendell (Billings)	.8			60 <sup>b</sup>		60
St. Vincent (Billings)	.8	193	12		21	226
Stillwater Com. (Columbus)	.4	13	1			14
Big Horn Co. Mem. (Hardin)	.4	15				15
Wheatland Mem. (Harlowton)	.4	5	1			6
Central MT (Lewistown)	.6	29	2			31
Carbon Co. Mem. (Red Lodge)	.4	16	2			18
Roundup Mem. (Roundup)	.4	7				7
Total		451	51	92	21	615

<sup>a</sup>Based on 1985-1987 average patient days and 5 percent growth factor.

<sup>b</sup>New service listed as number of licensed beds.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-A -- Region IV  
Hospital Beds and Occupancy 1987

Hospital	1987 Hospital Beds <sup>a</sup>					1987 Occupancy (%)	
	Med/Surg	ICU/CCU	Psych	Alc	Total	Hospital	Hospital + Swing Bed
Community (Anaconda)	39	3			42	31.6	32.6
Bozeman Deac. (Bozeman)	78	8			86	51.9	--
St. James Com. (Butte)	188	12	36	34	270	39.6	--
Powell Co. Mem. (Deer Lodge)	21	2			23	16.9	18.7
Barrett Mem. (Dillon)	29	2			31	24.7	25.6
Madison Valley (Ennis)	12	1			13	23.3	--
St. Peter's (Helena)	84	7	12		103	66.3	--
Shodair Children's (Helena)			20		20	--	--
Livingston Mem. (Livingston)	50	4			54	30.5	--
Granite Co. Mem. (Philipsburg)	10				10	16.4	16.6
Ruby Valley (Sheridan)	17	1			18	11.2	13.5
Broadwater H.C. (Townsend)	10				10	35.5	38.8
Mountain View Mem. (White Sul. Spr.)	3	3			6	16.9	--
Region IV	541	43	68	34	686	42.3	42.6

<sup>a</sup>Beds are reported as total bed supply, either staffed or licensed beds, whichever is greater.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-B -- Region IV  
Hospital Bed Need

Hospital	Occupancy Factor	Beds Needed <sup>a</sup>				Total
		Med/Surg	ICU/CCU	Psych	Alc	
Community (Anaconda)	.6	26	2			28
Bozeman Deac. (Bozeman)	.6	67	6			73
St. James Com. (Butte)	.8	110	11	14	13	148
Powell Co. Mem. (Deer Lodge)	.4	14	1			15
Barrett Mem. (Dillon)	.6	14	1			15
Madison Valley (Ennis)	.4	8	1			9
St. Peter's (Helena)	.8	78	4	12		94
Shodair Children's (Helena)	.4			20 <sup>b</sup>		20
Livingston Mem. (Livingston)	.6	29	2			31
Granite Co. Mem. (Philipsburg)	.4	5				5
Ruby Valley (Sheridan)	.4	6				6
Broadwater H.C. (Townsend)	.4	7				7
Mountain View Mem. (White Sul. Spr.)	.4	2	1			3
Total		366	29	46	13	454

<sup>a</sup>Based on 1985-1987 average patient days and 5 percent growth factor.

<sup>b</sup>Recently opened or approved facility or service. Assumed at approved bed number.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-A -- Region V  
Hospital Beds and Occupancy 1987

Hospital	1987 Hospital Beds <sup>a</sup>						1987 Occupancy (%)	
	Med/Surg	ICU/CCU	Psych	Alc	Other	Total	Hospital	Hospital + Swing Bed
Marcus Daly (Hamilton)	45	3				48	40.1	--
Glacier View (Kalispell)			10	19		29	64.8	--
Kalispell Reg. (Kalispell)	89	11				100	66.5	--
St. John's Luth. (Libby)	26	3				29	37.9	43.7
Missoula Com. (Missoula)	87	4			24	115	59.2	--
St. Patrick (Missoula)	155	14	26	18		213	58.6	--
Clark Fork Valley (Plains)	14	2				16	35.5	38.0
St. Joseph (Polson)	36	4				40	20.4	--
St. Luke Com. (Ronan)	24					24	28.6	--
Mission Valley <sup>b</sup> (St. Ignatius)	18					18	18.3	--
Mineral Co. (Superior)	8	2				10	25.0	36.5
North Valley (Whitefish)	40	4				44	41.3	41.6
Region V	542	47	36	37	24	686	51.8	52.3
STATE	2,637	228	170	125	106	3,266	45.1	46.9

<sup>a</sup>Beds are reported as total bed supply, either staffed or licensed beds, whichever is greater.

<sup>b</sup>Hospital closed in 1987.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

Table 1-B -- Region V  
Hospital Bed Need

<u>Hospital</u>	<u>Occupancy Factor</u>	<u>Beds Needed<sup>a</sup></u>					<u>Total</u>
		<u>Med/Surg</u>	<u>ICU/CCU</u>	<u>Psych</u>	<u>Alc</u>	<u>Other</u>	
Marcus Daly (Hamilton)	.6	34	2				36
Glacier View (Kalispell)	.8			7	17		24
Kalispell Reg. (Kalispell)	.8	87	7				94
St. John's Luth. (Libby)	.4	31	2				33
Missoula Com. (Missoula)	.8	75	3			18	96
St. Patrick (Missoula)	.8	121	11	17	13		162
Clark Fork Valley (Plains)	.4	16	2				18
St. Joseph (Polson)	.6	14	1				15
St. Luke Com. (Ronan)	.4	18					18
Mission Valley (St. Ignatius)	.4	10					10
Mineral Co. (Superior)	.4	6	1				7
North Valley (Whitefish)	.6	33	3				36
Total		445	32	24	30	18	549
STATE TOTAL		1,838	157	183	98	83	2,359

<sup>a</sup>Based on 1985-1987 average patient days and 5 percent growth factor.

Source: Montana Department of Health and Environmental Sciences, Health Planning Bureau.

## HOSPITAL MATERNITY AND NEONATAL INTENSIVE CARE SERVICES

### Goal:

Maintain and strengthen the maternity and neonatal services and referral system.

### Objectives:

1. Births should occur in hospitals that are appropriate for the level of risk of the pregnancy.
2. Formal systems for referral and transport of newborns to the next higher level of care should exist in all hospitals that have any births.
3. Develop and implement a plan, including legislation as needed, to preserve obstetric services in rural areas of Montana.

### Certificate of Need Guidelines:

1. No additional maternity services should be approved in communities that have these services.
2. No additional neonatal intensive care services should be approved.

### Discussion:

Maternity services are offered in all but 6 of Montana's general hospitals. Three of these hospitals are in communities that have other hospitals offering maternity services. The remaining three handle deliveries when necessary even though they do not offer the service. Table 1 shows the distribution of hospitals based on their average number of births per week.

There is a trend toward less births in the smaller hospitals. The number of hospitals that only handle births when necessary, rather than offering the service, has increased and this trend is expected to continue. The 11 hospitals with an average of more than 5 births per week served 72.8% of the hospital

births in 1982 and 76.9% in 1986. These trends make prenatal care, early and continued risk assessment extremely important. Effective referral and transportation systems are also necessary to assure that reduced accessibility of hospital maternity services will not cause problems.

Montana has 5 hospitals currently offering neonatal intensive care services. Table II has utilization data for maternity and neonatal intensive care services in these hospitals. The reduced number of births at Montana Deaconess in 1985 and 1986 is due to maternity services at Malmstrom Air Force Base beginning in January, 1985. These services will be discontinued at Malmstrom by the end of May, 1987.

Most of the neonatal intensive care services are operating at minimum number of cases and patient days. The maintenance of an optimal maternity and neonatal service system in Montana requires that no additional duplication of services in the same community be permitted. The large travel distances and small population require operation of some services with minimal volume, but complexity of referrals and transportation would increase and efficiency of use of equipment and personnel would decrease if any services are duplicated in the same community.



Table 1

## Hospital Births 1982 and 1986

	<u>1982</u>					
	Average Number of Births Per Week					
	<u>in Hospital</u>					
	<u>&lt; 1</u>	<u>1 to 2</u>	<u>2 to 5</u>	<u>5 to 20</u>	<u>&gt; 20</u>	<u>State Total</u>
Number of Hospitals	17	15	12	8	3	55
Births 1982	337	1,156	2,139	4,559	5,178	13,369
Average Births Per Hospital	20	77	178	570	1,726	

	<u>1986</u>					
	Average Number of Births Per Week					
	<u>in Hospital</u>					
	<u>&lt; 1</u>	<u>1 to 2</u>	<u>2 to 5</u>	<u>5 to 20</u>	<u>&gt; 20</u>	<u>State Total</u>
Number of Hospitals	25	9	10	9	2	55
Births 1986	516	683	1,599	5,435	3,875	12,108
Average Births						
Per Hospital	21	76	160	604	1,938	

Table 2

## Montana Hospitals with Neonatal Intensive Care Services

1982-1986

		<u>HOSPITAL</u>				
		St.	Montana	Missoula	St.	Kalispell
		Vincent	Deaconess	Community	James	Regional
		<u>Billings</u>	<u>Great Falls</u>	<u>Missoula</u>	<u>Butte</u>	<u>Kalispell</u>
Births	1982	2,229	1,312	1,637	654	737
	1983	2,214	1,330	1,505	643	712
	1984	2,246	1,396	1,562	614	773
	1985	2,340	1,248	1,606	656	748
	1986	2,225	964	1,650	657	740
N.I.C.U.						
Admissions	1982	547	160	124	34	33
	1983	405	163	159	36	42
	1984	328	158	199	46	34
	1985	279	147	327	28	63
	1986	348	175	237	33	45
N.I.C.U.						
Patient	1982	4,385	3,004	2,113	158	211
Days	1983	4,842	2,707	2,838	148	340
	1984	4,306	2,731	2,190	157	266
	1985	3,325	2,276	2,382	76	488
	1986	3,300	2,625	2,485	115	461

## INPATIENT CHEMICAL DEPENDENCY SERVICES

### Goal:

Alcohol and drug abuse services shall be available and accessible to all Montanans.

### Objectives:

1. Maintain quality of care of chemical dependency services through program and staffing standards in state law, rules and the Montana Comprehensive Chemical Dependency Plan.
2. Maintain the number and capacity of chemical dependency services at a level designed to optimize financial feasibility of services and accessibility of services.

### Discussion:

The Montana Department of Institutions produces a Comprehensive Chemical Dependency Plan. The current update is for state fiscal years 1988-1991. Although this plan does not project need for services into specific future years, it uses an 80% occupancy factor for inpatient services. This occupancy level should provide adequate room for expansion in the range (about 5 years) normally considered in Certificate of Need determinations.

### Certificate of Need Guidelines:

The need for inpatient chemical dependency services is shown in Table 1, which was extracted from the Montana Chemical Dependency Plan. Table 2 lists the inpatient chemical dependency services licensed in Montana as of November 1987. This list differs in two respects from the list in the Chemical Dependency Plan produced by the Department of Institutions. For purposes of Certificate of Need, all licensed chemical dependency beds are counted whether or not they are staffed. Also, detoxification beds are included along with the treatment beds.

The description of the bed need method used by the Department of Institutions is in the following section.

## Bed Need Determination Method\*

### 3.5 State Inpatient Bed Need Determination

Section 53-24-208, MCA, requires that the Department of Institutions ensures that agencies applying for chemical dependency state approval demonstrate that a local need exists for proposed chemical dependency services and that the proposed services do not duplicate existing services. Because of the above statute and the Department of Health and Environmental Sciences (DHES) existing CON process, it is the policy of this Department to require all agencies requesting a chemical dependency inpatient approval, under 53-24-208, MCA, to complete the CON process. It is also required through 53-24-211, MCA, that any future need for the expansion of chemical dependency programs for services in local communities be documented and addressed in the county chemical dependency plan. Section 53-24-204, MCA, also requires this Department to encourage communities to expand additional or new chemical dependency services through existing programs or service providers rather than starting new programs.

The Department of Institutions in conjunction with the DHES developed a formula for the determination of the number of inpatient chemical dependency treatment beds needed in the state. Exhibit 4\*\* shows the projected bed needs in FY 88 for all five health planning regions. The formula projects chemical dependency inpatient bed needs only and does not include detoxification.

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\*From Montana Chemical Dependency Plan, FY 1988-1989, Montana Department of Institutions, August 1987, pages 25, 26.

\*\*Table 1

This bed need formula is straight forward, easily understood and indirectly based on approaches used by E.M. Jellinek, (Estimating the Prevalence of Alcoholism, 1959) and Marden (A Procedure for Estimating Potential Clients of Alcoholism Service Programs, DHEW Publication 1980). From population data a projection of the abusing population is made and when correlated with actual treatment data, a projection of treatment needs can be determined. After reviewing several different types of formulas and/or methods to estimate bed needs, this method was chosen because it was simple, easy to understand, and based on actual Montana data which is easily accessible for ongoing updates and would allow for any dramatic changes in need or demand. Based upon ongoing treatment data received by the Departments of Institutions and Health and Environmental Sciences this formula will be updated annually.

Based on the proposed formula (Exhibit 4\*), it is estimated that Montana requires approximately 350 total chemical dependency inpatient treatment beds based on an 80% utilization rate (item 6). During calendar year 1986, state approved inpatient treatment programs averaged 74% utilization. Because the Montana State Hospital's ASC and Lighthouse programs represent approximately 80 state publicly funded inpatient beds, these are backed out of the formula based on a regional per cent determined by clients county of residence at admission to Galen (Item 7). This leaves approximately 270 chemical dependency beds required statewide (Item 8). Based on current existing chemical dependency beds available, the State is approximately 11 beds below the projected need.

Bed needs for special populations (i.e., adolescents) can be estimated by applying a percentage of actual inpatient admissions of a particular population to Item 3 and then completing Items 4-8.

The proposed formula should be used only as a guide in conjunction with other pertinent data and information in determining chemical dependency bed needs and not be used as the only determining factor.

It should also be noted that only about 85 inpatient beds are available statewide to serve the indigent client (80 at Galen and 5-6 Department contracted beds). Based on the 1986 Department data, 66% of the total first admissions to state approved chemical dependency programs were unemployed. Also, Medicaid in Montana does not reimburse for chemical dependency treatment. All of these above factors create a major problem in the provision of inpatient chemical dependency services for Montana's indigent and unemployed.

TABLE 1

PROJECTED INPATIENT (Hospital/Freestanding) CHEMICAL DEPENDENCY (CD) BED NEEDS BY REGION							10/1/87
Formula	Region I	Region II	Region III	Region IV	Region V	State	
1. Estimated Abusers (1985 proj. census) 11% non-Indian Pop. - (NIAAA) 33% Indian Pop. - (NIAAA)	12,936	18,535	20,900	21,450	24,739	98,560	
2. 10% of Abusers will seek service (CY 1986 actual Adm. Data + 2% Adjustment.) (.11 x Item 1.)	1,293	1,854	2,090	2,145	2,474	9,856	
3. 37% of 10% will need inpatient services (28 days). CY 86 Actual MT Adm. Data: (.30 x Item 2.)	478	686	774	793	915	3,646	
4. Bed Days needed - 28 day length of stay (28 x Item 3)	13,384	19,208	21,672	22,204	25,620	102,088	
5. # of Beds needed (Item 4 - 365 days) 100% utilization	37	53	59	61	70	280	
6. # of Beds needed (Item 5 - .80) 80% utilization	46	66	74	76	88	350	
7. Montana State Hospital (Galen) Reduction (80 beds) Based on Patient origin % by Region CY 1986	(6%) 5	(12%) 9	(16%) 13	(41%) 33	(25%) 20	(100%) 80	
8. Recommended # of CD Beds (not including Galen) Item #6 - Item #7	41	57	61	43	68	270	



TABLE 2  
INPATIENT CHEMICAL DEPENDENCY FACILITIES

Region I

Frances Mahon Deaconess	24 beds
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Region II

Montana Deaconess	24 beds (includes 2 detox)
Northern Montana Chemical Dependency	21 beds
Rocky Mountain Treatment Center	<u>28 beds</u>
Total	73 beds

Region III

Rimrock Foundation	53 beds (includes 8 detox)
Rimrock/St. Vincent Hospital (Adolescent)	<u>20 beds</u>
Total	73 beds

Region IV

St. James Community	34 beds (includes 18 unstaffed)
Wilderness Treatment	<u>30 beds</u>
Total	64 beds

Region V

Glacier View	19 beds
Saint Patrick	18 beds (includes 4 detox)
Wilderness Treatment Center	<u>20 beds</u>
Total	57 beds

State Total	291 beds
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## MAJOR MEDICAL EQUIPMENT

### Goal:

To assure reasonable access by Montana residents to hospital specialty services while promoting the efficient use of health resources.

### Objective:

To have available and accessible to Montana residents the diagnostic and treatment services that can be reasonably supported by the population.

### Review Guidelines:

1. Diagnostic equipment will be reviewed on the basis of the needs of the patients of the individual facility unless the cost is so high or use so limited that financial feasibility at a reasonable unit cost cannot be obtained.
2. Duplication of diagnostic equipment in the same community should only occur when it is needed for inpatients of both facilities and is financially feasible with both facilities having the equipment.
3. Treatment equipment will be reviewed on a population-based need determination. Service area size and boundaries may vary with the estimates of population based need.
4. Duplication of major treatment equipment in the same service area will be discouraged.

### Discussion:

The Montana CON law defines major medical equipment as having a cost of \$750,000 or more. The most costly equipment is usually either recently available or limited in applicability. Once equipment becomes widely used it is usually available at lower cost. Diagnostic equipment such as CT scanners have become

standard equipment and are available at much lower prices than a few years ago. Most CT equipment does not exceed the threshold, and it replaces enough routine diagnostic services that it is not considered a new service in most hospitals.

Magnetic resonance imaging has become a medically accepted diagnostic tool also. Its cost, however, limits its financial feasibility for many institutions.

Treatment equipment is usually not required to support other services in a hospital although some hospitals may have better service combinations, staff, or other resources to support a given piece of treatment equipment. This type of equipment should thus be reviewed on the need of the population for the service and the ability of the institution to deliver quality service at a reasonable price and cost of delivering care.

## NURSING HOME SERVICES

### Goals:

1. Long-term care beds should be readily available to meet state, regional and local needs.
2. Facilities planned for future use should be able to provide comprehensive care to the patient and be designed to maintain an occupancy rate up to 97.5 percent.

### Objective:

Review of nursing home construction will be based on the needs of the local service area and the premise that nursing home patients are best served in their local communities. Beds will be granted any time a local need for the beds can be shown and regardless of whether beds are available in other communities.

### Certificate of Need Guidelines:

The following factors are to be taken into consideration in the review of an application for additional nursing home beds or facilities:

1. The bed need projections in this plan. These projections are to be used only as a guideline and will not be the basis for automatic approval or disapproval of an application. They may be modified in the course of review -- either upward or downward -- based on evidence available at the time of the review.
2. Population fluctuations. Local areas may experience rapid increases or decreases in population that vary from the overall trends in the state. This should be taken into consideration when it can be established.
3. Services not available locally. Although the method includes a 5% increase in beds if an area has had over 95% occupancy, this may not be adequate if an area has had nursing homes at capacity for a number of years. Nursing

homes that have received patients from adjacent towns or counties that have reached capacity may actually need less beds than indicated. Where there is evidence of either side of this service shifting, adjustments should be made.

4. Small projects. Communities with a small number of beds may clearly need expansion, but the method may not permit enough beds to be feasible. Exceeding the projection by a few beds should be considered in these cases.
5. New locations. Proposed projects in communities with no nursing homes will require use of an alternative method. The method should use current use rates in the area where the population is being served, and should be supported by patient origin data.
6. Rapid change in service use. An increase or decrease in service use that is sustained over more than one year is not adequately covered by the proposed method. If there is convincing evidence of a local trend of changing service use, an adjustment should be made.

#### Bed Need Projection Method:

The method is based on the most recent three (3) years average patient days. Guidelines are set for the total nursing home beds in each town where there are existing nursing homes. Potential growth is made possible by applying an occupancy factor of 85 percent (85%). This would permit reasonable growth over current use (not necessarily over current beds).

An additional five percent (5%) growth factor is added if the 3-year average occupancy is over 95 percent (95%). The effects of rapid growth are recognized and the effects of a single low occupancy year are eliminated by dropping from the 3-year average any year that falls ten percent (10%) or more below that average.

The bed use rate is determined by dividing the three-year total patient days for the town by the number of days in the three years to determine the average daily

census (ADC). The ADC is then divided by the occupancy factor (.85) to determine how many beds are needed to serve the current 3-year ADC at the selected occupancy level. An adjustment factor, as described above, may be applied to the result and, in some cases, the average may be based on only two (2) years.

Rules for determining the bed need guideline are listed below followed by Table 1 for each planning region, which provides information about current use of the nursing homes, and Table 2 for each planning region showing the resulting bed need determinations.

#### Rules Used in Bed Need Determination:

1. An occupancy factor of 85 percent (85%) is used to determine needed beds.
2. A three-year average (1985-87) is used unless the total patient days for the town for one year falls 10 percent (10%) or more below the three-year average. In this case, that year is removed and a two-year average is used.
3. Hospital swing bed days are included in the patient days. Because these have been developed more recently, they are not averaged but 1987 data is used.
4. If the beds in the town have had a three-year average occupancy at 95 percent (95%) or more, five percent (5%) is added to the bed need.
5. Need for beds in a town where there is only one nursing home that has less than a one year's operation is listed as actual beds.

Table 1 - Region I

## NURSING HOME BED NEED DATA

<u>Town</u>	<u>1985-87 Avg. Yearly Patient Days</u>	<u>1987 Swing Bed Patient Days</u>	<u>Total Patient Days</u>	<u>1985-87 Avg. % Occupancy</u>
Baker	9,671	0	9,671	82.8%
Broadus	11,723	0	11,723	82.4%
Circle	13,446	596	14,042	96.2%
Culbertson	14,116	13	14,129	96.8%
Ekalaka	6,991	622	7,613	99.3%
Forsyth	18,732	538	19,270	96.0%
Glasgow	29,190	0	29,190	82.9%
Glendive	27,156	5,023	32,179	117.5%
Jordan	4,323	0	4,323	97.1%
Malta	19,788	380	20,168	92.1%
Miles City	66,389	0	66,389	96.7%
Plentywood	23,094	2,254	25,348	106.8%
Poplar	6,776	22	6,798	84.7%
Scobey	12,172	0	12,172	68.1%
Sidney	29,575	969	30,544	98.4%
Terry	4,855	405	5,260	102.9%
Wibaux	12,538	0	12,538	85.9%
Wolf Point	<u>17,039</u>	<u>429</u>	<u>17,468</u>	<u>79.8%</u>
TOTAL	327,574	11,251	338,825	93.4%



Table 2 - Region I

## NURSING HOME BED NEED

<u>Town</u>	1987 <u>Beds</u>	1988 <u>Approved Beds</u>	<u>Rules Used</u>	<u>Bed Need</u>
Baker	32	32	1	31
Broadus	39	39	1	38
Circle	40	40	1, 3, 4	48
Culbertson	40	40	1, 3, 4	48
Ekalaka	21	21	1, 3, 4	26
Forsyth	55	55	1, 3, 4	65
Glasgow	98	98	1	94
Glendive	75	75	1, 3, 4	109
Jordan	15	15	1, 4	15
Malta	60	60	1, 3	65
Miles City	188	203	1, 4	225
Plentywood	66	66	1, 3, 4	86
Poplar	22	22	1, 3	22
Scobey	45	45	1	39
Sidney	85	85	1, 3, 4	103
Terry	14	14	1, 3	18
Wibaux	40	40	1	40
Wolf Point	<u>60</u>	<u>60</u>	1, 3	<u>56</u>
TOTAL	995	1,010		1,128

Table 1 - Region II

## NURSING HOME BED NEED DATA

<u>Town</u>	1985-87 Avg. Yearly <u>Patient Days</u>	1987 Swing Bed <u>Patient Days</u>	Total <u>Patient Days</u>	1985-87 Avg. % <u>Occupancy</u>
Big Sandy	12,477*	0	12,477	85.8%
Browning	11,639	0	11,639	65.1%
Chester	13,425	11	13,436	92.0%
Chinook	14,561	0	14,561	99.7%
Choteau	23,134	2,537	25,671	109.9%
Conrad	24,998	0	24,998	87.8%
Cut Bank	12,288*	216	12,504	87.8%
Fort Benton	7,400	346	7,746	96.5%
Great Falls	193,121	0	193,121	92.2%
Harlem	15,169	0	15,169	75.6%
Havre	37,304	0	37,304	87.8%
Shelby	<u>15,579</u>	<u>659</u>	<u>16,238</u>	<u>103.5%</u>
TOTAL	381,095	3,769	384,864	90.9%

\*Rule 2.

Table 2 - Region II

## NURSING HOME BED NEED

<u>Town</u>	<u>1987 Beds</u>	<u>1988 Approved Beds</u>	<u>Rules Used</u>	<u>Bed Need</u>
Big Sandy	49	49	1, 2	40
Browning	49	49	1	38
Chester	40	40	1, 3	43
Chinook	40	40	1, 4	49
Choteau	65	65	1, 3, 4	87
Conrad	78	78	1	81
Cut Bank	39	39	1, 2	40
Fort Benton	22	22	1, 3, 4	26
Great Falls	579	579	1	622
Harlem	55	55	1	49
Havre	122	124	1	120
Shelby	<u>43</u>	<u>53</u>	1, 3, 4	<u>55</u>
TOTAL	1,181	1,193		1,250

Table 1 - Region III

## NURSING HOME BED NEED DATA

<u>Town</u>	<u>1985-87 Avg. Yearly Patient Days</u>	<u>1987 Swing Bed Patient Days</u>	<u>Total Patient Days</u>	<u>1985-87 Avg. % Occupancy</u>
Big Timber	16,777	1,098	17,875	102.0%
Billings	190,342	0	190,342	98.6%
Columbus	29,137	2,453	31,590	106.8%
Hardin	24,316	0	24,316	95.2%
Harlowton	10,223	0	10,223	84.9%
Laurel	10,784	0	10,784	98.2%
Lewistown	58,754	282	59,036	98.0%
Red Lodge	35,203	1,022	36,225	95.0%
Roundup	<u>8,151*</u>	<u>255</u>	<u>8,406</u>	<u>93.9%</u>
TOTAL	383,687	5,110	388,797	98.2%

\*Rule 2

Table 2 - Region III

## NURSING HOME BED NEED

<u>Town</u>	<u>1987 Beds</u>	<u>1988 Approved Beds</u>	<u>Rules Used</u>	<u>Bed Need</u>
Big Timber	48	48	1, 3, 4	60
Billings	529	659	1, 4	644
Columbus	81	81	1, 3, 4	107
Hardin	70	70	1, 4	82
Harlowton	33	33	1	33
Laurel	40	40	1, 4	36
Lewistown	165	165	1, 3, 4	200
Red Lodge	110	110	1, 3, 4	123
Roundup	<u>37</u>	<u>37</u>	1, 2, 3	<u>27</u>
TOTAL	1,113	1,243		1,312

Table 1 - Region IV

## NURSING HOME BED NEED DATA

<u>Town</u>	1985-87 Avg. Yearly <u>Patient Days</u>	1987 Swing Bed <u>Patient Days</u>	Total <u>Patient Days</u>	1985-87 Avg. % <u>Occupancy</u>
Anaconda	23,430	159	23,589	95.0%
Bozeman	67,975	0	67,975	87.0%
Butte	130,915	0	130,915	89.0%
Clancy	23,939	0	23,939	97.9%
Deer Lodge	23,179	152	23,331	98.4%
Dillon	32,009	106	32,115	81.5%
Ennis	12,515	0	12,515	85.7%
Helena	80,660	0	80,660	94.2%
Livingston	37,631	0	37,631	82.5%
Philipsburg	4,227	8	4,235	89.3%
Sheridan	12,670	131	12,801	89.9%
Townsend	6,631	122	6,753	93.3%
White Sulphur Springs	<u>10,032*</u>	<u>0</u>	<u>10,032</u>	<u>88.7%</u>
TOTAL	465,813	678	466,491	89.5%

\*Rule 2

Table 2 - Region IV

## NURSING HOME BED NEED

<u>Town</u>	<u>1987 Beds</u>	<u>1988 Approved Beds</u>	<u>Rules Used</u>	<u>Bed Need</u>
Anaconda	68	72	1, 3, 4	80
Bozeman	210	248	1	219
Butte	392	389	1	422
Clancy	67	67	1, 4	81
Deer Lodge	72	72	1, 3, 4	79
Dillon	108	108	1, 3	104
Ennis	40	40	1	40
Helena	247	247	1	260
Livingston	125	125	1	121
Philipsburg	13	13	1, 3	14
Sheridan	39	39	1, 3	41
Townsend	32	32	1, 3	22
White Sulphur Springs	<u>31</u>	<u>31</u>	1	<u>30</u>
TOTAL	1,444	1,483		1,513

Table 1 - Region V

## NURSING HOME BED NEED DATA

<u>Town</u>	1985-87 Avg. Yearly <u>Patient Days</u>	1987 Swing Bed <u>Patient Days</u>	<u>Total</u>	1985-87 Avg. % <u>Occupancy</u>
Bigfork	23,927*	0	23,927	79.0%
Eureka	14,330	0	14,330	98.2%
Hamilton	33,705	0	33,705	94.2%
Hot Springs	17,946	0	17,946	68.3%
Kalispell	96,935*	0	96,935	91.8%
Libby	23,182	613	23,795	101.9%
Missoula	115,330	0	115,330	93.1%
Plains	9,882	148	10,030	98.1%
Polson	36,621	0	36,621	89.6%
Ronan	22,870	0	22,870	94.9%
St. Ignatius	2,890*	0	2,890	72.0%
Stevensville	20,678	0	20,678	99.4%
Superior	6,918	419	7,337	100.5%
Whitefish	<u>38,472</u>	<u>63</u>	<u>38,535</u>	<u>91.0%</u>
TOTAL	463,686	1,243	464,929	91.9%
STATE TOTAL	2,021,855	22,051	2,043,906	92.5%

\*Rule 2



Table 2 - Region V

## NURSING HOME BED NEED

<u>Town</u>	<u>1987 Beds</u>	<u>1988 Approved Beds</u>	<u>Rules Used</u>	<u>Bed Need</u>
Bigfork	83	83	1, 2	77
Eureka	40	40	1, 4	48
Hamilton	98	98	1	109
Hot Springs	71	71	1	58
Kalispell	286	290	1, 2	312
Libby	78	78	1, 3, 4	81
Missoula	346	354	1	372
Plains	28	28	1, 3, 4	32
Polson	112	112	1	118
Ronan	66	66	1	74
St. Ignatius	11	11	1	9
Stevensville	57	57	1, 4	70
Superior	20	20	1, 3, 4	24
Whitefish	<u>116</u>	<u>116</u>	1, 3	<u>124</u>
TOTAL	1,412	1,424		1,508
STATE TOTAL	6,145	6,353		6,711



## PERSONAL CARE

### Goal:

Personal care services should be available to Montanans whose needs are appropriate for this level of care.

### Objectives:

1. Personal care service should be available in as many communities and in as large a variety of settings as is feasible.
2. Certificate of Need (CON) regulation of personal care should maintain capacity at a level where financial feasibility and quality of care are not threatened by excess capacity. It should not unnecessarily limit the availability and accessibility of services or restrict the variety of settings or range of services.

### Discussion:

Personal care services are not defined by uniform national standards as is the case with skilled nursing care or intermediate care. The licensing of residential personal care in Montana is relatively new, and there is a serious need for educational materials and training for personal care providers. Both education and regulation are needed to assure that residents are receiving necessary care and that their needs do not exceed what can be provided in a personal care facility.

Personal care as defined under Montana law is a health care service, but actually the amount of health care vs. assistance in daily living tasks is not very great. The service is not reimbursed through Medicare or Medicaid although a personal care resident may receive health care services through these programs. There is far more variety possible in a personal care home design than in a nursing home with respect to size of facility, range of services, condition and cost of furnishing, cost of operation, level of needs of services by residents,

and number and qualifications of staff. The amount of service capacity needed in a community is thus even more difficult to project than for nursing homes.

A rough guideline based on national experience is capacity for about 10 personal care residents per 1000 persons 65 years or older in a service area. This guideline to need is a crude reference point that is changed by any of a number of local factors. Certificate of Need review must use the following guidelines to attempt to accomplish the objectives set out at the beginning of this Personal Care Component of the Plan.

Certificate of Need Guidelines:

The following are specific criteria that should be used in the review of CON applications for the establishment of Personal Care Facilities:

1. Services should be approved up to the 10 beds per 1,000 elderly in areas where there are no similar facilities available.
2. Adequate personal care beds to serve the needs of the retirement residents should be approved in combination retirement/personal care facilities.
3. The need for personal care beds should be adjusted down when part of the need is being met by home health care, foster care homes, personal care in nursing homes, or other equivalent services.
4. Approvals should not be denied on the basis of number of beds if:
  - a. Existing personal care services have less or different services.
  - b. Existing personal care services are in a significantly different price range.
  - c. Existing personal care services are not acceptable to a significant proportion of the consumer community.

- d. Existing personal care services have continuing quality of care deficiencies.
  - e. Existing personal care services have admission requirements more restrictive than the personal care licensing criteria.
- 5. Personal care proposals should not be approved if existing personal care services are underutilized and the proposed service is not significantly different on any of the criteria in item 4 above.
  - 6. Personal care services that are not open to the general population of elderly persons should either not be counted or only an appropriate portion counted against the bed need.

Recommendations:

Staff should be authorized and funded in the Department of Health and Environmental Sciences' Licensing and Certification Bureau to provide regulation for personal care facilities.

The Department of Health and Environmental Sciences, the State Long-Term Care Ombudsman, or some other agency should have resources to provide education materials and care consulting to personal care providers.

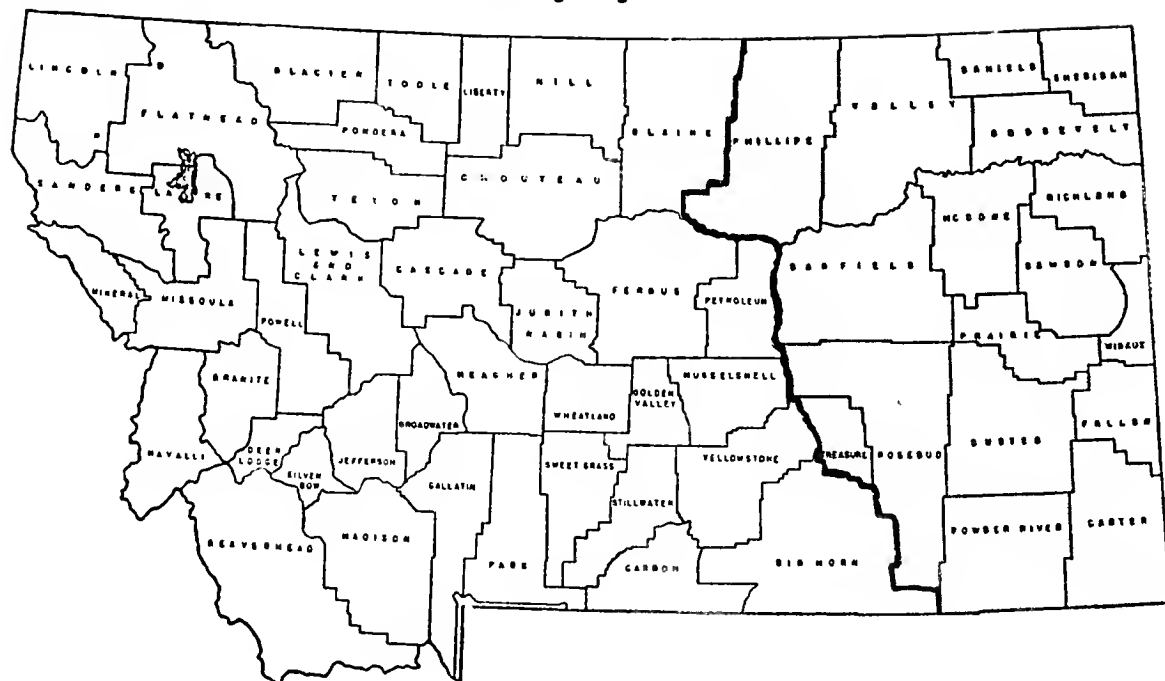


# Appendices





# Region I — Eastern Montana Planning Region

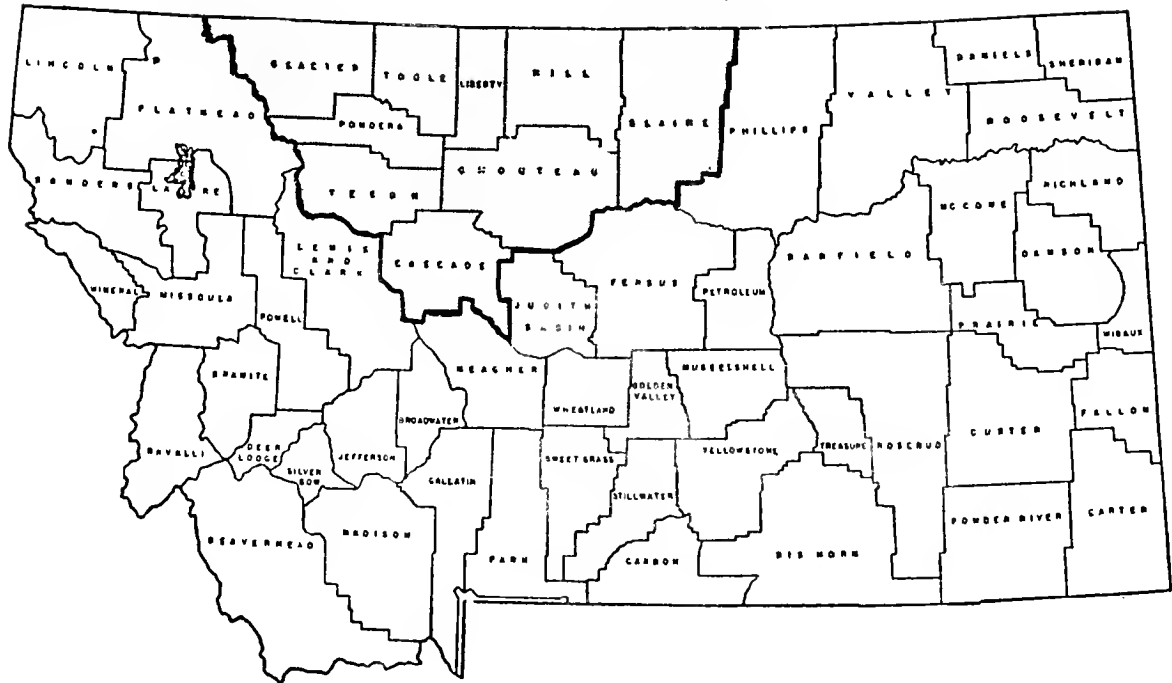


## Region I Counties

Carter	Prairie
Custer	Richland
Daniels	Roosevelt
Dawson	Rosebud
Fallon	Sheridan
Garfield	Treasure
McCone	Valley
Phillips	Wibaux
Powder River	



## Region II — North Central Montana Planning Region



### Region II Counties

Blaine  
Cascade  
Chouteau  
Glacier  
Hill

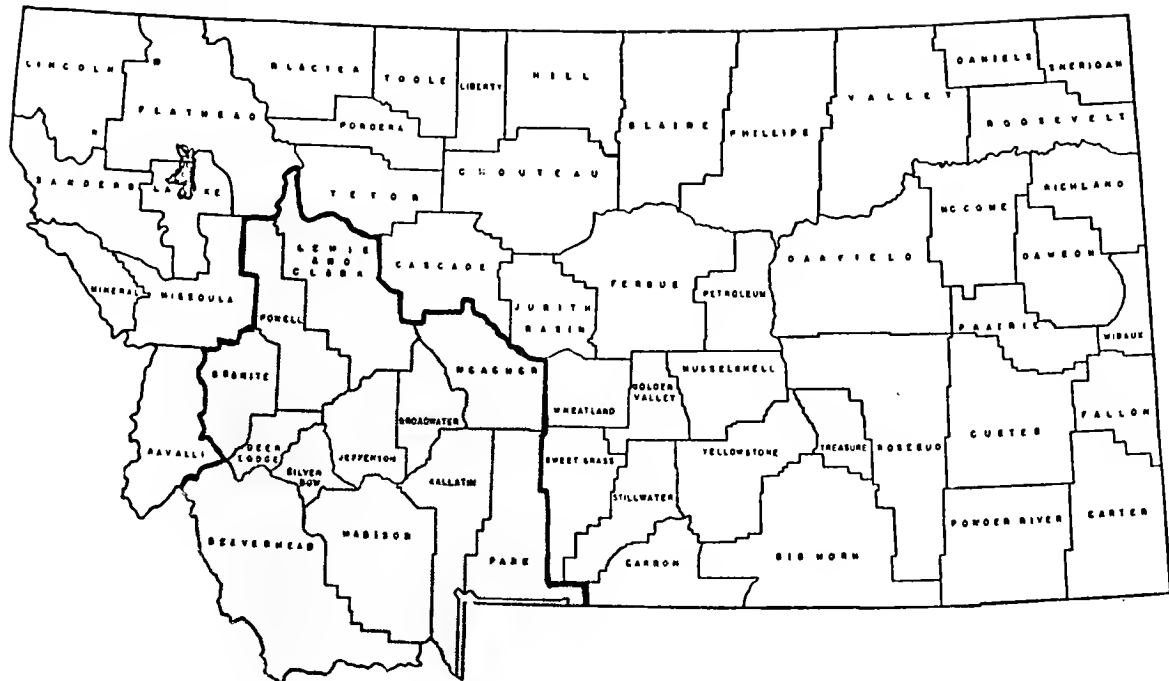
Liberty  
Pondera  
Teton  
Toole



Big Horn	Petroleum
Carbon	Stillwater
Fergus	Sweet Grass
Golden Valley	Wheatland
Judith Basin	Yellowstone
Musselshell	



# Region IV – Southwestern Montana Planning Region



## Region IV Counties

Beaverhead  
Broadwater  
Deer Lodge  
Gallatin  
Granite  
Jefferson

Lewis and Clark  
Madison  
Meagher  
Park  
Powell  
Silver Bow





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Flathead  
Lake  
Lincoln  
Mineral

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